

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH										-61-000707	
DEPARTMENT OF PUBLIC HEALTH AND WELFARE										STATE FILE NUMBER	
Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 5											
AMENDED VS JAN 12 1961											
1. PLACE OF DEATH											
a. COUNTY Cole											
b. CITY (If outside corporate limits, give TOWNSHIP only) Jefferson City Length of stay in 1b											
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Mary's Hospital Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>											
2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)											
a. STATE Missouri b. COUNTY Cole											
c. CITY OR TOWN Jefferson City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>											
d. STREET ADDRESS (If outside, give location) 213 Pierce Street Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>											
3. NAME OF DECEASED First Middle Last											
MRS. BLANKER MARGARETHA WEHMEYER											
4. DATE OF DEATH Month Day Year											
January 1, 1961											
5. SEX Female 6. COLOR OR RACE White 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>											
8. DATE OF BIRTH 4-15-1887 9. AGE (last birthday) 73											
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Housewife 10b. KIND OF BUSINESS OR INDUSTRY Own 11. BIRTHPLACE (City and state or country) Honey Creek, Mo. 12. CITIZEN OF WHAT COUNTRY USA											
13a. FATHER'S NAME Edwin Ehrhardt 13b. MOTHER'S MAIDEN NAME Elizabeth Beck 14. NAME OF HUSBAND OR WIFE John Wehmeyer											
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No 16. SOCIAL SECURITY NO. No 17. INFORMANT Mrs. F.E. McBaine 213 Pierce J.C., Mo.											
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:											
IMMEDIATE CAUSE (a) Renal cell carcinoma of kidney 1 year											
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)											
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Diabetes mellitus											
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown											
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)											
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year											
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 20f. CITY, TOWN, OR LOCATION COUNTY STATE											
21. I attended the deceased from 9-28-60 to 1-1-61 and last saw her alive on 1-1-61 Death occurred at 4:45 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE John J. Hawthorn, M.D. (Degree or title) 22b. ADDRESS 303 Bolivar Jefferson City 22c. DATE SIGNED 1-6-61											
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE Jan. 3, 1961 23c. NAME OF CEMETERY OR CREMATORY Riverview Cemetery 23d. LOCATION (City, town, or county) (State) Jefferson City, Mo.											
24. FUNERAL DIRECTOR Victor Buescher J.C.M.O. ADDRESS 25. DATE RECD. BY LOCAL REG. 10 January 1961 26. REGISTRAR'S SIGNATURE R.R. Harris, M.D. - P. Richter, Jr.											

(Licensed Embalmer's Statement of Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Victor Buescher

Licensed Embalmer No. 3701

P. O. Address JCM

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.